

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT # WAV _____

BUILDING DIVISION # BP _____

1855 Placer Street, Suite 102, Redding, CA 96001 Telephone (530) 225-5761 FAX (530) 245-6468

www.building.co.shasta.ca.us

BUILDING DIVISION REQUEST FOR SEWAGE DISPOSAL SYSTEM AND/OR WATER SUPPLY
PERMIT WAIVER REVIEW BY ENVIRONMENTAL HEALTH DIVISION

- ☐ Sewage Disposal System Field Review-\$289.02 ☐ Water Supply Field Review-\$289.02 ☐ Sewage Disposal System and Water Supply Field Review-\$361.28
☐ Sewage Disposal System and Water Supply Office Review - \$144.51 ☐ Water Supply Sample-\$181.51

APPLICANT (Must be licensed contractor or property owner.)

Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone _____

Email Address _____

PROPERTY OWNER

Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone _____

Email Address _____

A **Permit Waiver** for review, and approval as applicable, by the Environmental Health Division is required prior to issuance of a building permit for a replacement or new residential bedroom addition or change in commercial use that has an existing well and/or onsite wastewater treatment system permit(s) pursuant to Shasta County Code, Section 16.04.160(D).

EXISTING AND PROPOSED USE OF PROPERTYResidential: ☐ House ☐ Mobile home

Existing number of bedrooms _____

Proposed number of bedrooms _____

Garbage disposal? ☐ Yes ☐ No

Commercial: Describe proposed operation and type of business, seating capacity, number of units, number of employees: _____

WATER SUPPLY☐ Public System Name _____☐ Private ☐ Drilled Well Permit # _____or ☐ Spring or ☐ Surface Water ☐ With Treatment

Is power available so that a water sample can be collected?

☐ Yes ☐ No (Water supply field review includes water sample.)

Operation of the sewage disposal system and/or water supply authorized by this permit waiver does not automatically authorize the use or activity for which these components are required. The approval a permit waiver is not a representation that other permit(s) for residential or other use on the same parcel will be issued in the future by Shasta County. Other permits may be required for the use or activity to be served and that each permit may be subject to the zoning, building, and related ordinances and development standards in effect at the time the permit is issued or reissued.

OFFICE USE ONLY

Application received by _____ Date _____

\$_____ received. Date_____ Receipt # _____

Notes: _____

LOCATION OF PROPERTY

Street or Road _____

Assessor's Parcel Number _____

Parcel Size _____

SUBMITTAL REQUIREMENTS:

Copies of original SDS and Well permits and final inspection reports shall be submitted with this permit waiver application. www.ehd@co.shasta.ca.us (530) 225-5787

Floor Plan - Depict existing and proposed structure.

Plot Plan - Shall be submitted on **8½ x 11** sheet according to the sample plot plan instructions and show **all** required information.

Directions to locate property - Directions must be adequate for staff to locate property.

SIGNATURE OF CONTRACTOR (If applicant is contractor)

I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect. License # _____

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.

SIGNATURE OF CONTRACTOR_____
DATESIGNATURE OF OWNER (required)

I certify that I am the owner of this property and that I will contract with a licensed contractor **OR** that I and my employees, with wages as their sole compensation, will do all of the work.

I certify that I have read this application and the all of the information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to applicable work, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection and sampling purposes.

By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

SIGNATURE OF OWNER_____
DATEFOR ENVIRONMENTAL HEALTH STAFF USE ONLYExisting sewage disposal system is adequate: ☐ Yes ☐ NoExisting water supply is adequate. ☐ Yes ☐ No

Denial reason: _____

Notes: _____

Name _____

Title _____ Date _____